

New Quality Improvement Tool to Increase HPV Vaccination Rates using the IIS

Chrystal L. Averette
Washington State Department of Health

Gerri Yett , MSN, RN, CHES
Alaska Department of Health and Social Services

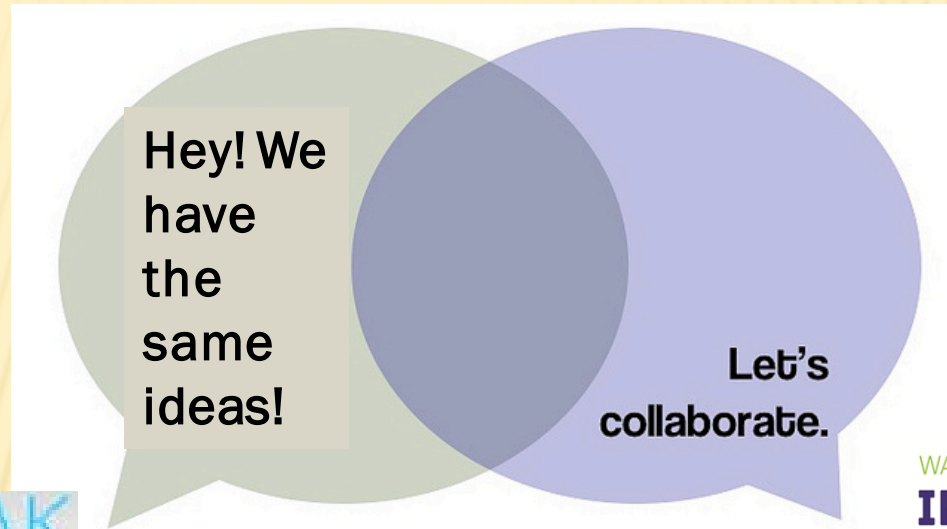
Karen Chin, MSPH
Scientific Technologies Corporation



OVERVIEW

- ✖ Joint collaboration between Alaska and Washington to increase HPV coverage rates by enhancing Reminder/Recall and reporting tools in the IIS
- ✖ Use of Reminder/Recall tool enhancements in States' strategies to increase HPV coverage rates
- ✖ Enhancement to Coverage Rate reporting to satisfy AFIX requirements and evaluate strategies to increase immunization rates across the State
- ✖ Apply efforts to not just increase HPV coverage, but immunization coverage in general

JOINT COLLABORATION



VAC TRAK

WASHINGTON STATE
IMMUNIZATION
INFORMATION SYSTEM

let's collaborate

Every age. Every vaccination.

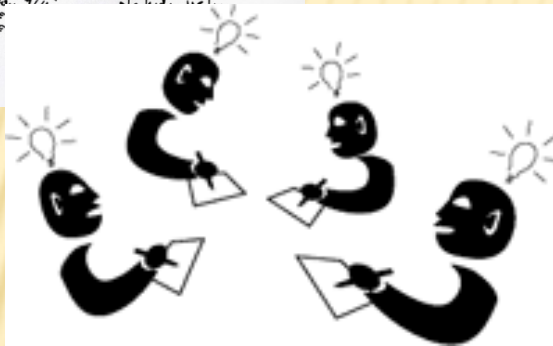


HPV SUMMIT GOALS & OBJECTIVES

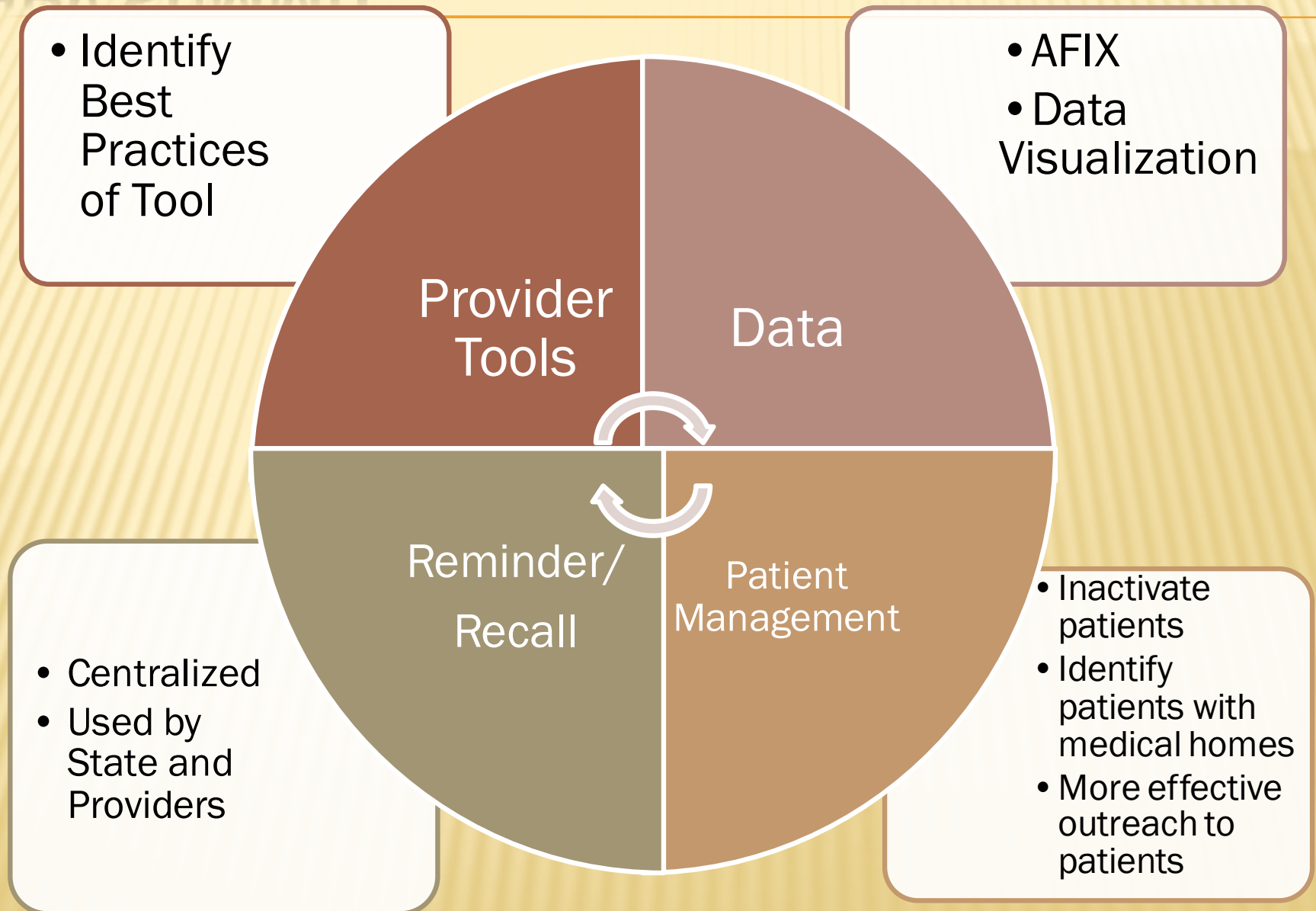


As a provider, I want to be able to...
As a State, I want to be able to...

As a State, I want to be able to...



HPV SUMMIT



REMINDER/RECALL ENHANCEMENTS

- Released in February 2015
- Major changes
 - » New and improved UI
 - » Additional filters to assist States/providers to better focus reminder/recall efforts
 - Exclude patients who have received a define number of notifications
 - Generate patient reminder/recall lists by vaccine series as defined by the State
 - Exclude patients who do not have a certain contact method
 - » Interactive patient reminder/recall list
 - » Create customized reminder/recall messages

REMINDER/RECALL

Before

Reminder/Recall [Click here to use the 'simple' search](#)

☐ Increment Recall Count (Run Recall)

☐ Preview and Select Patients

Due Date Timeframe:

Maximum Recall Tries:

Valid Addresses:

☐ Valid Addresses Only

☐ Invalid Addresses Only

☒ All Patients

☐ Include Inactive Patients (Excluding deceased)

Limit Reminder/Recall Group By:

☒ Patient Age Range Through:

☐ Patient Birth Date From: Through:

☐ Organization (IRMS)

☐ Organization (IRMS) Group

☐ Do Not Limit

☐ Facility

☐ Facility Group

☐ Do Not Limit

☐ Facility Type

☐ Physician

☐ Program

☐ Health Plan

☐ State

☐ County/Parish

☐ Zip Code

☐ Health District/Region

☐ Association

☐ Appointment Date From: Through:

☐ Deferred Vaccinations Only

☐ Do Not Include Confidential Vaccinations

☐ Compromised Vaccinations

☐ From: Through:

☐ Lot Number:

Vaccine Families: **and Optional Needed Dose Number:**

<input checked="" type="checkbox"/> DTaP/DT/d	<input type="text"/>
<input checked="" type="checkbox"/> Hib	<input type="text"/>
<input checked="" type="checkbox"/> POLIO	<input type="text"/>
<input checked="" type="checkbox"/> HEP-B 3 DOSE	<input type="text"/>
<input checked="" type="checkbox"/> MMR	<input type="text"/>
<input checked="" type="checkbox"/> VARICELLA	<input type="text"/>
<input checked="" type="checkbox"/> MENINGOCOCCAL	<input type="text"/>
<input checked="" type="checkbox"/> HEP-A	<input type="text"/>
<input checked="" type="checkbox"/> FLU	<input type="text"/>
<input checked="" type="checkbox"/> PNEUMO (PCV)	<input type="text"/>
<input checked="" type="checkbox"/> HEP-B 2 DOSE	<input type="text"/>
<input type="checkbox"/> ANTHRAX	<input type="text"/>
<input type="checkbox"/> SMALLPOX SHOT/READING	<input type="text"/>
<input checked="" type="checkbox"/> ROTAVIRUS	<input type="text"/>
<input checked="" type="checkbox"/> HPV	<input type="text"/>
<input checked="" type="checkbox"/> HERPES ZOSTER	<input type="text"/>
<input checked="" type="checkbox"/> Tdap	<input type="text"/>

* DTaP or DT should be given to patients under 7 years of age. One dose of Tdap should be administered to underimmunized children 7 years of age and older or as a booster dose. Td should be administered when appropriate.

** If an adolescent has already begun the routine 3 dose Hep-B schedule, they should not be changed to the 2 dose schedule.

After

[Reports](#) [Use Templates](#) [See Patient Groups](#)

Reminder/Recall **1** **2** **3**

How do you want to run this Reminder/Recall?

☒ For all patients you own

☐ For all patients you have seen at your facility

☐ Include Inactive Patients (Excluding deceased)

Due Date Timeframe:

Who do you want to Contact?

Patient Location:

☒ Patient Age Range # of Select # of Select

☐ Patient Birth Date From Through

Patient Gender

Exclude patients who were sent a notification in the last:

of ☒ Days ☐ Weeks ☐ Months ☐ Years

Which vaccines would you like to include?

HPV

☐ HPV

I only want to see my patients who are:

☒ Due for all selected vaccines

☐ One dose away

☐ One visit to complete the series

REMINDER/RECALL

Reminder/Recall

1

2

3

What patients do you want to add to your recall group?

Remove Patients who don't have an available

☐ Name ☐ Phone ☐ Address ☐ Email

Remove Patients who have received more than notifications.

	Last	First	Age	Available Contact Methods	R/R Attempts	Reason for Inactivation
<input checked="" type="checkbox"/>	ABBOTT	N	14		0	Select
<input checked="" type="checkbox"/>	ABDALE	CHRISTINE	15		0	Select
<input checked="" type="checkbox"/>	ABRAMS	JULIE	27		4	Select
<input checked="" type="checkbox"/>	ADAIR	KALEB	3		0	Select
<input checked="" type="checkbox"/>	ADAMS	MARCEL	16		0	Select
<input checked="" type="checkbox"/>	ADSON	ULFHILDR	16		0	Select
<input checked="" type="checkbox"/>	ANDERSEN	KIRRA	3		0	Select
<input checked="" type="checkbox"/>	ANDERSON	JENYA	24		1	Select
<input checked="" type="checkbox"/>	ARIZONA	WILMER	2		2	Select
<input checked="" type="checkbox"/>	ASDA	ASDH	1		0	Select

Submit

Reminder/Recall

1

2

3

What patients do you want to add to your recall group?

Remove Patients who don't have an available

☐ Name

Remove






<div> <div>Patient ID: 865</div> <div>JULIE ABRAMS</div> <div>(27 y) DOB: 01/20/1988 Gender:</div> <div>Not Available</div> <div>Recall Attempts: 4</div> <div>Date of Last Recall Attempt: 12/29/2014</div> <div>Guardian</div> <div>123 MAIN STREET ANCHORAGE, AK 99504</div> <div>(480)349-5212</div> <div>Not Available</div> <div>KAREN_CHIN@STCHOME.COM</div> </div>						
	Last	First	Age	Available Contact Methods	R/R Attempts	Reason for Inactivation
<input checked="" type="checkbox"/>	ABRAMS	JULIE	27		4	Select
<input checked="" type="checkbox"/>	ADAMS	MARCEL	16		0	Select
<input checked="" type="checkbox"/>	ANDERSEN	KIRRA	3		0	Select
<input checked="" type="checkbox"/>	ARIZONA	WILMER	2		2	Select
<input checked="" type="checkbox"/>	BACOPA	KATHERINE	5		4	Select
<input checked="" type="checkbox"/>	BAILEY	TYECHIA	28		4	Select
<input checked="" type="checkbox"/>	BAKER	ISABELLA	5		4	Select
<input checked="" type="checkbox"/>	BAKER	SHAWN	5		5	Select
<input checked="" type="checkbox"/>	BALOG	JOHN	7		5	Select
<input checked="" type="checkbox"/>	BEAR	BELLA	3		4	Select

REMINDER/RECALL










Reports > Use Templates > See Patient Groups >

Reminder/Recall

1 > 2 > 3

 141
  119
  39
  0
  7

What do you want to do with your selected recall group?

 Generate A Patient List	 Print Letters	 Generate Auto-Dialer Content
 Generate Mail-Merge	 Create Custom Post Cards	 Create Avery 8387 Postcards
 Print Labels	 Save As a Patient Group (Cohort)	 Send Email

Reminder/Recall

Message Instructions










Facility Return Address Information:

Facility Name Phone Number
 Street City, State Zip Code

Preview Postcard Message:

☐ Include State Logo
 User Defined Output Language:

Select Font Size **B** *I* U ^x _x

T         

My custom postcard message.

☐ Make this count towards number of recall attempts

IMMUNIZATION COVERAGE DATA DASHBOARD

- Pending release: August 2015
- Major highlights
 - » Interactive dashboard that will display real-time data of State immunization coverage
 - » View data by county, region, and provider
 - » View data by AFIX measurements
 - Up-to-date
 - One dose away
 - Missed Opportunities
 - Invalid Vaccinations
 - » Can generate a provider progress report

IMMUNIZATION COVERAGE DATA DASHBOARD

Summary

Up to Date

Coverage by Vaccine Series

Aged Out

Invalid Vaccinations

Reminder Recall Metrics

Filters

By Ownership/
Service

Location

Org/Facility

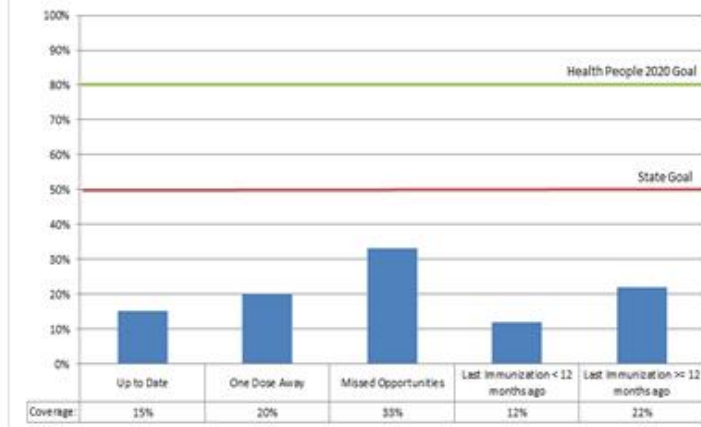
Age

Gender

Date Range

Show trends

Your Immunization Coverage Summary



Export Data

Generate Provider Progress Report

Generate Reminder Recall Patient List

Generate PDF

Export Coverage Rate Patient List

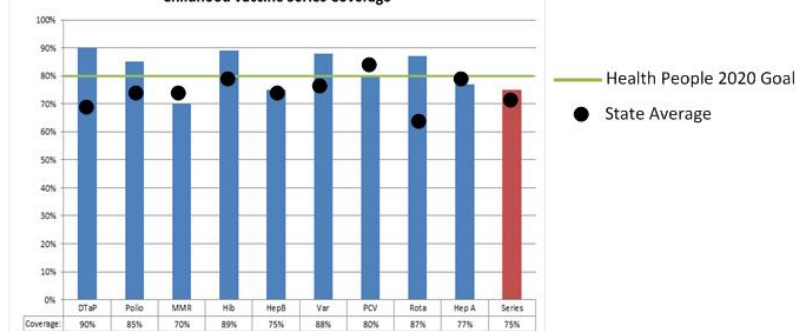
PROVIDER PROGRESS REPORT

Your Immunization Coverage Summary

State Logo

Facility Name
VFC PIN
Vaccine Series
Age/Birth Date Range
Report Run Date
Report Generated By: IIS

Childhood Vaccine Series Coverage



Missed Opportunities	25%
----------------------	-----

One dose away to Complete Series	35%
----------------------------------	-----

One visit to Complete Series	30%
------------------------------	-----

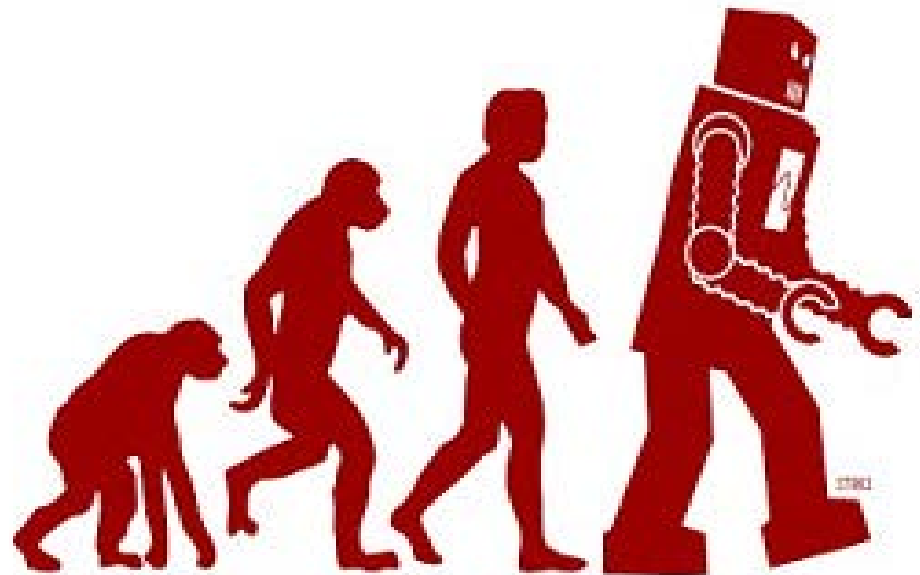
Invalid Vaccinations	15%
----------------------	-----

	Up to Date #	%	State Average ¹	Definition
DTaP	65	92%	77%	4 or more doses of diphtheria, tetanus, and pertussis vaccine
Polio	69	97%	88%	3 or more doses of poliovirus vaccine
MMR	67	94%	86%	1 or more doses of measles, mumps, and rubella vaccine
Hib	56	79%	84%	2, 3, or 4 or more doses of <i>Haemophilus influenzae</i> type b vaccine, depending on product type and age at first dose
HepB	68	96%	84%	3 or more doses of hepatitis B vaccine
Var	64	90%	85%	1 or more doses of varicella vaccine
PCV	66	93%	80%	2, 3, or 4 or more doses of pneumococcal conjugate vaccine, depending on age at first dose
Series ³	48	68%	63%	Received all doses for series (DTaP, polio, MMR, Hib, Hep B, Var, and PCV)
Rota	17	24%	68%	2 or 3 or more doses of rotavirus vaccine, depending on product type received
HepA	31	44%	54%	2 or more doses of hepatitis A vaccine

Information about the immunization coverage calculations including definition of missed opportunities

WASHINGTON STATE GOALS

Sustainability and Evolution



WA REMINDER/ RECALL


[Reports](#) [Use Templates](#) [See Patient Groups](#)


Reminder/Recall


1


2


3

 141


 119


 39


 0


 7


What do you want to do with your selected recall group?



Generate A Patient List



Print Letters



Generate Auto-Dialer Content



Generate Mail-Merge


Create Custom Post Cards


Create Avery 8387 Postcards


Print Labels


Save As a Patient Group (Cohort)


Send Email

WA REMINDER/ RECALL

- ✕ Target population
 - + Recall
 - ✕ 11-18 years old overdue for 3rd dose
 - ✕ Test pilot for address accuracy
 - + Reminder
 - ✕ 11-18 years old due for 2nd and 3rd following month

WA REMINDER/ RECALL

- ✖ 1st attempt in WA for centralized R/R
- ✖ 1st time for Health Promotion materials for targeting adolescent for immunizations
- ✖ Health Promotion Module
 - + Targets children birth to five
 - Intelligent Mail System
 - ✱ Provide detailed info about mailings

ALASKA REMINDER /RECALL STRATEGIC PLAN

- ✖ Centralized Reminder/Recall for specific statewide campaigns
- ✖ Recommends providers to perform monthly reminder/recall activities using information gathered in the IIS
- ✖ Alaska Immunization Program staff routinely promote use of the reminder/recall to improve vaccination coverage.
- ✖ Reminder/Recall quick reference guide

USE OF NEW REPORTING TOOLS

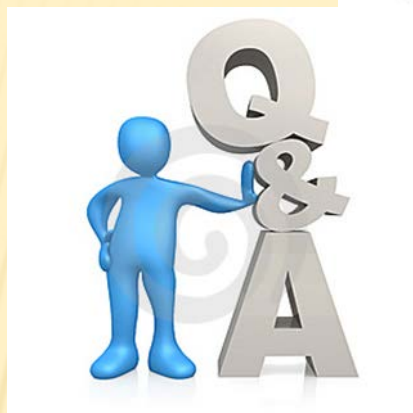


- ✖ AFIX site visits
- ✖ States and providers usage
 - + AFIX
 - + Coverage status
- ✖ Stay informed
 - + Identify target populations
- ✖ Measurable outcomes

COLLABORATION: KEY TO SUCCESS!

- ✖ Maximize resources
- ✖ Common vision
- ✖ Advance progress
- ✖ Applicable to all immunization program efforts





Gerri Yett, MSN, RN, CHES
Alaska Immunization Program Manager
Alaska Immunization Program
geraldine.yett@alaska.gov

Chrystal L. Averette
HPV Provider Outreach and Training
Coordinator
Washington Department of Health
chrystal.averette@doh.wa.gov

Karen Chin, MSPH
Public Health Consultant
Scientific Technologies Corporation
karen_chin@stchome.com